

**CANDIDATE / OFFICEHOLDER REPORT:
DESIGNATION OF FINAL REPORT**

01 JUN 25 AM 10:04

FORM C/OH - FR

The Instruction Guide explains how to complete this form.

-- Complete only if "Report Type" on page 1 is marked "Final Report" --

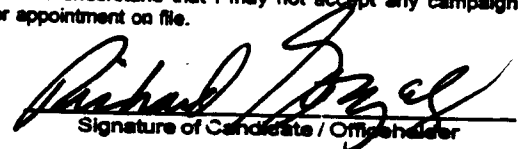
1 C/OH NAME

Richard Gonzalez

2 ACCOUNT # (Ethics Commission Uses)

3 SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.


Signature of Candidate / Officeholder

4 FILER WHO IS NOT AN OFFICEHOLDER

-- Complete A & B below only if you are a candidate --

A. CAMPAIGN FUNDS

Check only one:

☒ I do not have unexpended contributions or unexpended interest or income earned from political contributions.☐ I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

B. ASSETS

Check only one:

☒ I do not retain assets purchased with political contributions or interest or other income from political contributions.☐ I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.
Signature of Candidate

5 OFFICEHOLDER

-- Complete this section only if you are an officeholder --

☐ I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file._____
Signature of Officeholder

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK

FORM C/OH
COVER SHEET PG 1

01 JUN 25 AM 10:02

The C/OH Instruction Guide explains how to complete this form.

1 ACCOUNT #
(Ethics Commission filers)

2 Total pages filed:

3 CANDIDATE /
OFFICEHOLDER
NAME

TITLE

FIRST

MI

MR

Richard

NICKNAME

LAST

SUFFIX

Gonzalez

4 CANDIDATE /
OFFICEHOLDER
ADDRESS

ADDRESS / PO BOX:

APT / SUITE #:

CITY:

STATE:

ZIP CODE

5701 SE 87th

☐ Change of Address

OKC OK 73135

5 CAMPAIGN
TREASURER
NAME

TITLE

FIRST

MI

NICKNAME

LAST

SUFFIX

6 CAMPAIGN
TREASURER
ADDRESS
(Residence or business)

STREET ADDRESS (NO PO BOX PLEASE):

APT / SUITE #:

CITY:

STATE:

ZIP CODE

7 CAMPAIGN
TREASURER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

()

8 REPORT TYPE

☐ January 15

☐ 30th day before election

☐ Runoff

☐ 15th day after campaign treasurer
appointment (officeholder only)

☐ July 15

☐ 8th day before election

☐ Exceeded \$500 limit

☒ Final report (Attach C/OH - FR)

9 PERIOD
COVERED

Month

Day

Year

THROUGH

Month

Day

Year

10 ELECTION

ELECTION DATE

Month

Day

Year

ELECTION TYPE

☐ Primary

☐ Runoff

☐ General

☐ Special

11 OFFICE

OFFICE HELD (if any)

12 OFFICE SOUGHT (if known)

13 NOTICE
OF DIRECT
CAMPAIGN
EXPENDITURE
BY OTHER
INDIVIDUALS

-- Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. --

Name

Address / PO Box: Apt. / Suite #: City: State: Zip Code

☐ additional pages

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME

15 ACCOUNT # (Ethics Commission Use)

16 NOTICE
FROM
POLITICAL
COMMITTEE(S)

.. This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. ..

COMMITTEE TYPE

☐ GENERAL☐ SPECIFIC☐ additional pages

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

17 NO REPORTABLE
ACTIVITY

Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)

18 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$

2. TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$

4. TOTAL POLITICAL EXPENDITURES

\$

OUTSTANDING
LOAN TOTALS5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE
LAST DAY OF THE REPORTING PERIOD

\$

19 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Richard Gonzalez
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Richard Gonzalez, this the 20 day
of June, 2001, to certify which, witness my hand and seal of office.

Angela G Nichols
Signature of officer administering oath

Angela G Nichols
Printed name of officer administering oath

AUP-Branch Mgr
Title of officer administering oath

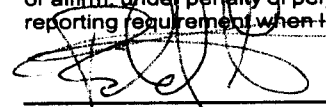
RECEIVED
CITY OF SAN ANTONIO
CITY CLERK

01 APR 27 PM 3:26

CORRECTION AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

See backside for instructions

1 ACCOUNT #		2 Total pages filed:	
3 CANDIDATE / OFFICEHOLDER NAME	TITLE	FIRST <i>Richard</i>	MI
	NICKNAME	LAST <i>Gonzales</i>	SUFFIX
4 ORIGINAL REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> Runoff <input type="checkbox"/> Other (specify) _____ <input type="checkbox"/> July 15 <input checked="" type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> 30th day before election <input type="checkbox"/> 15th day after treasurer appointment (officeholder only) <input type="checkbox"/> 8th day before election <input type="checkbox"/> Final report		
	5 ORIGINAL PERIOD COVERED Month Day Year Month Day Year <i>4 / 6 / 01</i> THROUGH <i>4 / 27 / 01</i>		
	6 EXPLANATION OF CORRECTION <i>Exceeded \$500 in Expenses</i>		
	7 AFFIDAVIT I swear, or affirm, under penalty of perjury, that this corrected report is true and correct and that I am filing this corrected report promptly after learning of the error(s) in the original report. I swear, or affirm, under penalty of perjury, that I did not intend to violate a reporting requirement when I filed the original report.  _____ Signature of Candidate or Officeholder		

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me by *Richard Gonzales* this the *27th* day of *April*, 20 *01*.
to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

**Remember To Attach Any Part Of The Campaign Finance Report Form
Needed To Report And Explain Corrections**



CORRECTION AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

A filer who submits a corrected report after the filing deadline for the report is subject to a late fine if there was a material error in the original report. Nonetheless, the Ethics Commission will not impose a late fine on a filer who submits a corrected report (other than one correcting a report due 8 days before an election) if the filer completes this form and signs the "good-faith" affidavit.

CORRECTED REPORT DOES NOT EXCUSE A FINE FOR A LATE "8-DAY" REPORT.

Completing this form does not allow you to avoid a late fine in connection with a report due 8 days before an election. The fine for a late "8-day" report is \$100 for each day the report is late (up to a maximum \$10,000 fine). The Ethics Commission must consider each request for a waiver of a fine for a late "8-day" report individually.

INSTRUCTIONS FOR COMPLETING THIS FORM

The following numbers correspond to the numbered boxes on the other side.

- 1. Account #.** If you file with the Ethics Commission, you should have received a letter acknowledging receipt of your campaign treasurer appointment and assigning you an account number. Put that number in this box. If you do not file with the Ethics Commission, skip this box.
- 2. Total Pages Filed.** After completing this form and any attachments, count the number of pages. Enter that number in this box. Each side of a two-sided form counts as a page. In other words, this form is two pages.
- 3. Candidate/Officeholder Name.** Put your full name here. Enter your name in the same way as on the report you are correcting.
- 4. Original Report Type.** Mark the type of report you are correcting.
- 5. Original Period Covered.** Enter the period covered by the report you are correcting. The year is important because filers sometimes correct reports years after filing the original.
- 6. Explanation of Correction.** Attach any pages of the campaign finance report form that have changed and clearly indicate what information has changed. Explain why there was an error on the original report. (Use additional pages if you need more space.)
- 7. Affidavit.** Read the affidavit before signing. You must sign the affidavit in the presence of an individual authorized to take oaths. If signed before a notary public, the affidavit must include the notary's signature and seal.



CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.		1 ACCOUNT # (Ethics Commission filers)		2 Total pages filed: 6		
3 CANDIDATE / OFFICEHOLDER NAME	TITLE		FIRST	MI	OFFICE USE ONLY	
	NICKNAME		LAST	SUFFIX		
4 CANDIDATE / OFFICEHOLDER ADDRESS		ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE				
5 CAMPAIGN TREASURER NAME		STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE				
6 CAMPAIGN TREASURER ADDRESS (Residence or business)		7 CAMPAIGN TREASURER PHONE				
8 REPORT TYPE		9 PERIOD COVERED				
10 ELECTION		11 OFFICE				
12 OFFICE SOUGHT (if known)		13 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS				

3 CANDIDATE / OFFICEHOLDER NAME
 TITLE: RICHARD
 NICKNAME: GONZALES
 LAST: GONZALES

4 CANDIDATE / OFFICEHOLDER ADDRESS
 ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
 4 Loop St. SAN ANTONIO, TX. 78212

☐ Change of Address

5 CAMPAIGN TREASURER NAME
 TITLE: RICHARD
 NICKNAME: GONZALES
 LAST: GONZALES

6 CAMPAIGN TREASURER ADDRESS (Residence or business)
 STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
 4 Loop St. SAN ANTONIO, TX. 78212

7 CAMPAIGN TREASURER PHONE
 AREA CODE: (210) PHONE NUMBER: 737-2012 EXTENSION:

8 REPORT TYPE
☐ January 15 ☐ 30th day before election ☐ Runoff ☐ 15th day after campaign treasurer appointment (officeholder only)
☐ July 15 ☒ 8th day before election ☐ Exceeded \$500 limit ☐ Final report (Attach C/OH - FR)

9 PERIOD COVERED
 Month Day Year: 4 / 6 / 01 THROUGH Month Day Year: 4 / 27 / 01

10 ELECTION
 ELECTION DATE: Month Day Year: 5 / 5 / 01
 ELECTION TYPE: ☐ Primary ☐ Runoff ☒ General ☐ Special

11 OFFICE
 OFFICE HELD (if any): OFFICE SOUGHT (if known): CITY COUNCIL DIST. 1

13 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS
 .. Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. ..
 Name:
 Address / PO Box; Apt. / Suite #: City; State; Zip Code:
☐ additional pages

GO TO PAGE 2



CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

**FORM C/OH
COVER SHEET PG 2**

14 C/OH NAME

RICHARD GONZALES

15 ACCOUNT # (Ethics Commission files)

26

16 NOTICE
FROM
POLITICAL
COMMITTEE(S)

.. This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. ..

COMMITTEE TYPE

☐ GENERAL☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages17 NO REPORTABLE
ACTIVITY

☐ Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)

18 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 3600.00

2. TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 560.94

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$

4. TOTAL POLITICAL EXPENDITURES

\$ 913.93

OUTSTANDING
LOAN TOTALS

5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$

19 AFFIDAVIT



AFFIX NOTARY SEAL ABOVE

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Richard Gonzales, this the 27th day of April, 20 01, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1

(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.

3: Total pages this Schedule A1: 26

2 FILER NAME

RICHARD GONZALES

3 ACCOUNT # (Ethics Commission filers)

4 Date

4/15/01

5 Full name of contributor

☐ out-of-state PAC (ID#)

MICHAELA T. ELI (MICKIES RESTAURANT)

6 Contributor address; City; State; Zip Code

596 MAVERMAN RD. S.A. TX 78224

7 Amount of contribution (\$)

100.00

8 In-kind contribution description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date

4/11/01

Full name of contributor

☐ out-of-state PAC (ID#)

MK DAVIS RESTAURANT

Contributor address; City; State; Zip Code

1302 N. FLORES S.A. TX 78212

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

4/23/01

Full name of contributor

☐ out-of-state PAC (ID#)

AUTO WHEELS TOWING

Contributor address; City; State; Zip Code

1150 CULEBRA S.A. TX. 78201

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

4/21/01

Full name of contributor

☐ out-of-state PAC (ID#)

ROLAND HERNANDEZ

Contributor address; City; State; Zip Code

Amount of contribution (\$)

20.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

4/26/01

Full name of contributor

☐ out-of-state PAC (ID#)

RICHARD SIMIRAFFA

Contributor address; City; State; Zip Code

P.O. Box 52 BOERNE, TX. 78004

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

PLEDGED CONTRIBUTIONS**SCHEDULE B1**

(FOR FORMS C/OH, SC-C/OH, SC-SPAC, & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.

1. Total pages this Schedule B1:

3:26

2 FILER NAME

3 ACCOUNT # (Ethics Commission files)

4

TOTAL OF UNITEMIZED PLEDGES: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨

\$

5 Date

6 Full name of pledgor ☐ out-of-state PAC (ID#:8 Amount of
pledge (\$)9 In-kind description
(if applicable)

7 Pledgor address; City; State; Zip Code

10 Principal occupation (optional)

11 Employer (optional)

Date

Full name of pledgor ☐ out-of-state PAC (ID#:Amount of
pledge (\$)In-kind description
(if applicable)

Pledgor address; City; State; Zip Code

Principal occupation (optional)

Employer (optional)

Date

Full name of pledgor ☐ out-of-state PAC (ID#:Amount of
pledge (\$)In-kind description
(if applicable)

Pledgor address; City; State; Zip Code

Principal occupation (optional)

Employer (optional)

Date

Full name of pledgor ☐ out-of-state PAC (ID#:Amount of
pledge (\$)In-kind description
(if applicable)

Pledgor address; City; State; Zip Code

Principal occupation (optional)

Employer (optional)

Date

Full name of pledgor ☐ out-of-state PAC (ID#:Amount of
pledge (\$)In-kind description
(if applicable)

Pledgor address; City; State; Zip Code

Principal occupation (optional)

Employer (optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.



POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1
(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS)

The instruction Guide explains how to complete this form.

1 Total pages this Schedule A1:

2

2 FILER NAME

RICHARD GONZALES

3 ACCOUNT # (Ethics Commission filers)

4 Date

4/24/01

5 Full name of contributor ☐ out-of-state PAC (ID#:

MARLO MONTOLA

6 Contributor address; City; State; Zip Code

104 BEAUREGARD S.A. TX 78204

7 Amount of contribution (\$)

140.24

8 In-kind contribution description (if applicable)

MUNICIA PLINTIN

9 Principal occupation (Optional)

10 Employer (Optional)

Date

Full name of contributor ☐ out-of-state PAC (ID#:

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor ☐ out-of-state PAC (ID#:

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor ☐ out-of-state PAC (ID#:

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor ☐ out-of-state PAC (ID#:

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.



PLEDGED CONTRIBUTIONS**SCHEDULE B1**

(FOR FORMS C/OH, SC-C/OH, SC-SPAC, & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.

Total pages this Schedule B1: 26

2 FILER NAME**3 ACCOUNT #** (Ethics Commission files)**4 TOTAL OF UNITEMIZED PLEDGES:** ⇒ ⇒ ⇒ ⇒ ⇒ ⇒ ⇒

\$

5 Date	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____)	8 Amount of pledge (\$)	9 In-kind description (if applicable)
	7 Pledgor address; City; State; Zip Code		

10 Principal occupation (optional)**11 Employer (optional)**

Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address; City; State; Zip Code		

Principal occupation (optional)**Employer (optional)**

Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address; City; State; Zip Code		

Principal occupation (optional)**Employer (optional)**

Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address; City; State; Zip Code		

Principal occupation (optional)**Employer (optional)**

Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address; City; State; Zip Code		

Principal occupation (optional)**Employer (optional)**

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.



LOANS**SCHEDULE E**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule E:**2** FILER NAME**3** ACCOUNT # (Ethics Commission filers)**4**

TOTAL OF UNITEMIZED LOANS:

⇒ ⇒ ⇒ ⇒ ⇒ ⇒

\$

5 Date of loan**7** Name of lender☐ out-of-state PAC (ID#: _____)**9** Loan Amount (\$)**6** Is lender a
financial Institution?

Y

N

8 Lender address; City; State; Zip Code**10** Interest rate**11** Maturity date**12** Description of Collateral☐ none**13** GUARANTOR
INFORMATION**14** Name of guarantor**16** Amount Guaranteed (\$)☐ not applicable**15** Guarantor address; City; State; Zip Code**17** Principal Occupation**18** Employer

Date of loan

Name of lender

☐ out-of-state PAC (ID#: _____)

Loan Amount (\$)

Is lender a
financial Institution?

Y

N

Lender address; City; State; Zip Code

Interest rate

Maturity date

Description of Collateral

☐ noneGUARANTOR
INFORMATION

Name of guarantor

Amount Guaranteed (\$)

☐ not applicable

Guarantor address; City; State; Zip Code

Principal Occupation

Employer

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED
If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:**2** FILER NAME**3** ACCOUNT # (Ethics Commission filers)**4** Date**5** Payee name**7** Amount
(\$)**6** Payee address; City; State; Zip Code**8** Purpose of payment (See instructions regarding type of information required.)**9** -- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount
(\$)

Payee address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount
(\$)

Payee address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount
(\$)

Payee address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

CITY OF SAN ANTONIO
RECEIVED
CITY CLERK
01 APR 27 PM 3:27

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule G: 2
2 FILER NAME RICHARD GONZALES		3 ACCOUNT # (Ethics Commission filers)
4 Date	5 Payee name MIKE MARTINEZ 6 Payee address; City; State; Zip Code S.A. TX. 7 Purpose of expenditure (See instructions regarding type of information required.) 10'x20' BANNER	8 Amount (\$) 250.00 <input type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name C.O.S.A. / RUNNER Payee address; City; State; Zip Code S.A. TX. Purpose of expenditure (See instructions regarding type of information required.) PERMIT FOR 10'x20' BANNER	Amount (\$) 50.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name PLANET JAM SIGN DESIGN Payee address; City; State; Zip Code BRAZOS S.A. TX. Purpose of expenditure (See instructions regarding type of information required.) CAMPAIGN SIGNS	Amount (\$) 241.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 4/5/01 4/9/01 4/10/01	Payee name US. POST. OFFICE Payee address; City; State; Zip Code S.A. Purpose of expenditure (See instructions regarding type of information required.) POSTAGE	Amount (\$) 80.00 <input type="checkbox"/> Reimbursement from political contributions intended
Date 4/2/01	Payee name OPINION ANALYSIS, INC. Payee address; City; State; Zip Code 906 RIO GRANDE, AUSTIN, TX. 78201 Purpose of expenditure (See instructions regarding type of information required.) WALL LISTS	Amount (\$) 172.38 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED		

PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

The **INSTRUCTION GUIDE** explains how to complete this form.

1 Total pages Schedule H: **27**

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Business name

7 Amount
(\$)

6 Business address; City; State; Zip Code

8 Purpose of payment (See instructions regarding type of information required.)

9 ** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

Business name

Amount
(\$)

Business address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

Business name

Amount
(\$)

Business address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

Business name

Amount
(\$)

Business address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED



POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK
01 APR 27 2001

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule G:

25/27

2 FILER NAME

RICHARD GONZALEZ

3 ACCOUNT # (Ethics Commission files)

4 Date

4/22/01

5 Payee name

CHRIS MARRIOS

6 Payee address; City; State; Zip Code

BLANCO RD. S.A. TX. 78212

8 Amount (\$)

\$ 22.06

7 Purpose of expenditure (See instructions regarding type of information required.)

STAFF DINNER

☐ Reimbursement from political contributions intended

Date

4/25/01

Payee name

ADVANTAGE RENTAL CAR

Payee address; City; State; Zip Code

LOOP 410, S.A. TX. 78212

Amount (\$)

\$ 43.00

Purpose of expenditure (See instructions regarding type of information required.)

VAN RENTAL

☒ Reimbursement from political contributions intended

Date

4/25/01

Payee name

WALGREENS

Payee address; City; State; Zip Code

CYPRESS S.A. TX. 78212

Amount (\$)

\$ 15.49

Purpose of expenditure (See instructions regarding type of information required.)

FILM

☐ Reimbursement from political contributions intended

Date

4/23/01

Payee name

JAMES FASTER

Payee address; City; State; Zip Code

S.A. TX. 78209

Amount (\$)

\$ 40.00

Purpose of expenditure (See instructions regarding type of information required.)

CAMPAIGN BANNER

☐ Reimbursement from political contributions intended

Date

Payee name

Payee address;

City; State; Zip Code

Amount (\$)

Purpose of expenditure (See instructions regarding type of information required.)

☐ Reimbursement from political contributions intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED



**PAYMENT FROM POLITICAL CONTRIBUTIONS
TO A BUSINESS OF C/OH****SCHEDULE H**

The instruction Guide explains how to complete this form.

RECEIVED
CITY CLERK
01 APR 27 PM 3:27
1 Total pages Schedule H:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Business name

7 Amount
(\$)

6 Business address; City; State; Zip Code

8 Purpose of payment (See instructions regarding type of information required.)

9 -- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

Date

Business name

Amount
(\$)

Business address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

Date

Business name

Amount
(\$)

Business address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

Date

Business name

Amount
(\$)

Business address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule I: 27

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name	8 Amount (\$)
	6 Payee address; City; State; Zip Code	
	7 Purpose of expenditure (See instructions regarding type of information required.)	
Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.)	
Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.)	
Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.)	
Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.)	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

CREDITS (optional)**SCHEDULE K**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule K:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payor name	8 Amount (\$)
	6 Payor address; City; State; Zip Code	
	7 Reason for credit	
Date	Payor name	Amount (\$)
	Payor address; City; State; Zip Code	
	Reason for credit	
Date	Payor name	Amount (\$)
	Payor address; City; State; Zip Code	
	Reason for credit	
Date	Payor name	Amount (\$)
	Payor address; City; State; Zip Code	
	Reason for credit	
Date	Payor name	Amount (\$)
	Payor address; City; State; Zip Code	
	Reason for credit	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

CANDIDATE / OFFICEHOLDER REPORT: FORM C/OH - FR
DESIGNATION OF FINAL REPORT

The Instruction Guide explains how to complete this form.

** Complete only if "Report Type" on page 1 is marked "Final Report" **

1 C/OH NAME

2 ACCOUNT # (Ethics Commission filers)

3 SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.

Signature of Candidate / Officeholder**4 FILER WHO IS NOT AN OFFICEHOLDER**** Complete A & B below *only* if you are a candidate ****A. CAMPAIGN FUNDS**

Check only one:

☐

I do not have unexpended contributions or unexpended interest or income earned from political contributions.

☐

I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

B. ASSETS

Check only one:

☐

I do not retain assets purchased with political contributions or interest or other income from political contributions.

☐

I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.

Signature of Candidate**5 OFFICEHOLDER**** Complete this section *only* if you are an officeholder **☐

I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file.

Signature of Officeholder

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.

1 ACCOUNT #
(Ethics Commission filers)

2 Total pages filed:

4

3 CANDIDATE /
OFFICEHOLDER
NAME

TITLE FIRST MI
MR. Richard
NICKNAME LAST SUFFIX
Gonzales

OFFICE USE ONLY

Date Received

4 CANDIDATE /
OFFICEHOLDER
ADDRESS

ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE

4 Loop St. San Antonio, TX. 78212

☐ Change of Address

Date Hand-delivered or Date Postmarked

5 CAMPAIGN
TREASURER
NAME

TITLE FIRST MI
MR. Richard
NICKNAME LAST SUFFIX
Gonzales

Receipt #

Amount

Date Processed

Date Imaged

6 CAMPAIGN
TREASURER
ADDRESS
(Residence or business)

STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE

4 Loop St. San Antonio, TX. 78212

7 CAMPAIGN
TREASURER
PHONE

AREA CODE PHONE NUMBER EXTENSION

(210) 737-2012 or 212-5611

8 REPORT TYPE

☐ January 15

☒ 30th day before election

☐ Runoff

☐ 15th day after campaign treasurer appointment (officeholder only)

☐ July 15

☐ 8th day before election

☐ Exceeded \$500 limit

☐ Final report (Attach C/OH - FR)

9 PERIOD
COVERED

Month Day Year Month Day Year

3 / 21 / 01 THROUGH 4 / 5 / 01

10 ELECTION

ELECTION DATE

Month Day Year

5 / 5 / 01

ELECTION TYPE

☐ Primary

☐ Runoff

☒ General

☐ Special

11 OFFICE

OFFICE HELD (if any)

12 OFFICE SOUGHT (if known)

City Council District 1

13 NOTICE
OF DIRECT
CAMPAIGN
EXPENDITURE
BY OTHER
INDIVIDUALS

** Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. **

Name

Address / PO Box: Apt. / Suite #: City: State: Zip Code

☐ additional pages

GO TO PAGE 2

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1

(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.

07 APR - 5 PM

1: Total pages this Schedule A1:

1

2 FILER NAME

Richard Gonzales

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Full name of contributor

☐ out-of-state PAC (ID#:

Richard Gonzales

7 Amount of
contribution (\$)

\$100.00

8 In-kind contribution
description (if applicable)

6 Contributor address; City; State; Zip Code

P.O.B. 52 ~~San Antonio~~ 78006
Boerne, TX

9 Principal occupation (Optional)

10 Employer (Optional)

Date

Full name of contributor

☐ out-of-state PAC (ID#:Amount of
contribution (\$)In-kind contribution
description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor

☐ out-of-state PAC (ID#:Amount of
contribution (\$)In-kind contribution
description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor

☐ out-of-state PAC (ID#:Amount of
contribution (\$)In-kind contribution
description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor

☐ out-of-state PAC (ID#:Amount of
contribution (\$)In-kind contribution
description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation (Optional)

Employer (Optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.



LOANS**SCHEDULE E**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule E:**2** FILER NAME**3** ACCOUNT # (Ethics Commission filers)**4**

TOTAL OF UNITEMIZED LOANS:

⇒ ⇒ ⇒ ⇒ ⇒ ⇒ ⇒

\$

5 Date of loan**7** Name of lender☐ out-of-state PAC (ID#: _____)**9** Loan Amount (\$)**6** Is lender a
financial Institution?

Y

N

8 Lender address; City; State; Zip Code**10** Interest rate**11** Maturity date**12** Description of Collateral☐ none**13** GUARANTOR
INFORMATION**14** Name of guarantor**16** Amount Guaranteed (\$)☐ not applicable**15** Guarantor address; City; State; Zip Code**17** Principal Occupation**18** Employer

Date of loan

Name of lender

☐ out-of-state PAC (ID#: _____)

Loan Amount (\$)

Is lender a
financial Institution?

Y

N

Lender address; City; State; Zip Code

Interest rate

Maturity date

Description of Collateral

☐ noneGUARANTOR
INFORMATION

Name of guarantor

Amount Guaranteed (\$)

☐ not applicable

Guarantor address; City; State; Zip Code

Principal Occupation

Employer

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule G:

1

2 FILER NAME

RICHARD GONZALES

3 ACCOUNT # (Ethics Commission filers)

4 Date

3-29-01

5 Payee name

MUNUVA PRINTER S, INC.

6 Payee address; City; State; Zip Code

2201 Buena Vista, San Antonio, TX. 78207

7 Purpose of expenditure (See instructions regarding type of information required.)

PRINTING OF POSTCARDS

8 Amount (\$)

111.40

☒ Reimbursement from political contributions intended

Date

4/5/01

Payee name

U.S. POST OFFICE

Payee address; City; State; Zip Code

ARSENAL STATION, SAN ANTONIO, TX 78204

Purpose of expenditure (See instructions regarding type of information required.)

MAIL POSTCARDS

Amount (\$)

20.00

☐ Reimbursement from political contributions intended

Date

4/3/01

Payee name

ALPHA OMEGA ARTS

Payee address; City; State; Zip Code

P.O. Box 94 Cidking, TX - 78101

Purpose of expenditure (See instructions regarding type of information required.)

STREET SIGNS

Amount (\$)

242.44

☒ Reimbursement from political contributions intended

Date

4/3/01

Payee name

T.M. PRINTING COMPANY

Payee address; City; State; Zip Code

1316 AUSTIN ST. SAN ANTONIO, TX. 78208

Purpose of expenditure (See instructions regarding type of information required.)

CAMPAIGN BUSINESS CARDS

Amount (\$)

91.69

☐ Reimbursement from political contributions intended

Date

Payee name

Payee address; City; State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

Amount (\$)

☐ Reimbursement from political contributions intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED



NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule I:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name 6 Payee address; City; State; Zip Code 7 Purpose of expenditure (See instructions regarding type of information required.)	8 Amount (\$)
	<div>Payee name</div> <div>Payee address; City; State; Zip Code</div> <div>Purpose of expenditure (See instructions regarding type of information required.)</div>	
	<div>Payee name</div> <div>Payee address; City; State; Zip Code</div> <div>Purpose of expenditure (See instructions regarding type of information required.)</div>	
	<div>Payee name</div> <div>Payee address; City; State; Zip Code</div> <div>Purpose of expenditure (See instructions regarding type of information required.)</div>	
	<div>Payee name</div> <div>Payee address; City; State; Zip Code</div> <div>Purpose of expenditure (See instructions regarding type of information required.)</div>	
	<div>Payee name</div> <div>Payee address; City; State; Zip Code</div> <div>Purpose of expenditure (See instructions regarding type of information required.)</div>	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED



**CANDIDATE / OFFICEHOLDER REPORT:
DESIGNATION OF FINAL REPORT****FORM C/OH - FR**

The Instruction Guide explains how to complete this form.

-- Complete only if "Report Type" on page 1 is marked "Final Report" --

1 C/OH NAME**2 ACCOUNT #** (Ethics Commission files)**3 SIGNATURE**

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.

Signature of Candidate / Officeholder**4 FILER WHO IS NOT AN OFFICEHOLDER**-- Complete A & B below *only* if you are a candidate --**A. CAMPAIGN FUNDS**

Check only one:

☐ I do not have unexpended contributions or unexpended interest or income earned from political contributions.☐ I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.**B. ASSETS**

Check only one:

☐ I do not retain assets purchased with political contributions or interest or other income from political contributions.☐ I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204._____
Signature of Candidate**5 OFFICEHOLDER**-- Complete this section *only* if you are an officeholder --☐ I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file._____
Signature of Officeholder